



IFW
FEE
PATENT ONLY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : STOVER, Merlin
SERIAL NO : 10/696,231
FILED : October 29, 2003
TITLE : NEGOTIABLE INSTRUMENT WITH FRAUD PROTECTION

Grp./A.U. : 2876
Examiner : KOYAMA, Kumikoc
Conf. No. : 5252
Docket No. : P06457US00

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 12, 2004, please amend the above-identified application as follows:

08/26/2004 RTTSD
01 FC:2252 010-9000

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as First Class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Mail Stop Amendment, Alexandria, VA 22313-1450.

Date: 8/12/04

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office, Art Unit 2876 at Fax No. (703) 872-9306.

Vincent S. Egolf
Vincent S. Egolf

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1069673

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	* 3
INDEPENDENT CLAIMS	2 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 15	Minus	** 20	= -
	Independent	* 3	Minus	*** 3	= -
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	385

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	